(Application Number)

Sheet 1 of 3

Attorney

Docket No.: VER-194XX

DECLARATION AND POWER OF ATTORNEY

As	a below-name	med in	nventor,	. I herel	by de	eclare that:								
Му	residence,	post	office	address	and	citizenship	are	as	stated	pelow	next	to	my	name

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SPHINGOLIPIDS FOR IMPROVEMENT OF THE COMPOSITION OF THE INTESTINAL FLORA The specification of which (check one): is attached hereto. [] was filed on _____ as Application No. ______ amended on _____ (if applicable). [X] was filed as PCT International. Appl. No. PCT/NL2004/000046 on January 20, 2004, and was amended under PCT Article 19 on ______ (if applicable). I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations \$1.56(a). I hereby claim toreign priority benefits under Title 35, USC \$119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed: Prior Foreign Application(s) Date Filed Priority Claimed 1022443 NL 20/01/03 [X] [] (Country) (Number) . (Day/Month/Year) Yes No [] [] (Number) (Country) (Day/Month/Year) Yes No (Number) (Country) (Day/Month/Year) Yes No I hereby claim the benefit under Title 35, USC \$119(e) of any United States provisional application(s) listed below: (Application Number) (Filing Date) (Application Number) (Filing Date)

Express Mail Number

EV 223348165 US

(Filing Date)

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Attorney VER-194XX Docket No.:

I hereby claim the benefit under Title 35 USC \$120 of any United States or International application(s) listed below and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35 USC \$112, I acknowledge the duty to disclose material the filing date of the prior application and the national or PCT international filing date of this application:

PCT/NL2004/000046 (Application No.)	20/01/04 (Filing Date)	pending (Patented/pending/abandoned)
(Application No.)	(Filing Date)	(Patented/pending/abandoned)
(Application No.)	(Filing Date)	(Patented/pending/abandoned)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) to prosecute this application and transact all business connected therewith in the Patent and Trademark Office, and to file with the USRO any International Application based thereon.

Stanley M. Schurgin, Reg. No. 20,979 Charles L. Gagnebin III, Reg. No. 25,467 Victor B. Lebovici, Reg. No. 30,864 Beverly E. Hjorth, Reg. No. 32,033

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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Family Name	First Given Name					
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Signature of Inventor	11 FAM	Date 19 Feb. 2005				
	- Withy I'll	171 RD. 2001				
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	That Givell Railie	Second Given Name				
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Signature of Inventor		Date				
	Full Name of Third Inventor, if	anv				
Family Name	First Given Name	Second Given Name				
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	Residence and Citizenship					
City of Residence	State or Country of Residence	Country of Citizenship				
	Post Office Address					
Street Address	City	State & Zip Code or Country				
Signature of Inventor	Date					
	Full Name of Fourth Inventor, it	anv				
amily Name	First Given Name	Second Given Name				
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ity of Residence	State or Country of Residence	Country of Citizenship				
	Post Office Address					
treet Address	City	State & Zin Code or Court				
		State & Zip Code or Country				

Date

Signature of Inventor